provider at least once in 2014, the most recent year in which data were available. CHIP also provides kids with benefits that are often more comprehensive than those offered in the commercial insurance market, including immunizations, periodic screenings, hearing exams, and dental care. We know that prevention and early detection are key to reducing the burden of disease and health costs. CHIP emphasizes these early interventions during the critical early years of a child's life, helping kids grow up to be healthy, productive, and successful adults.

Yet, despite CHIP's near-universal popularity and lack of partisan controversy, this Congress has allowed CHIP to go unfunded since October 1, 2017. This long and unprecedented lapse threatens CHIP's very survival. Already, it has thrown States, including Washington, into crippling uncertainty and administrative disruption. Some States have been forced to send letters to CHIP families informing them that their coverage will end. Moreover, if Congress fails to extend CHIP, my State will be on the hook for hundreds of millions of dollars to make up for Congress's failure to act.

Next, I would like to highlight the urgent need to reauthorize funding to community health centers.

Community health centers are a bedrock of the healthcare safety net and are the preferred medical home for tens of millions of working Americans. Washington's 26 community health centers serve 1 million people in every corner of my State, from Spokane to Seattle, Omak to Port Angeles.

Community health centers are a lean and efficient healthcare delivery model, focusing on primary care, prevention, case management and social services for their patients. They are also good for the economy, supporting more than 9,000 jobs and \$1 billion in annual economic output in my State alone.

The Community Health Center Fund, which comprises the majority of these health centers' Federal funds, expired on October 1, 2017. As a result, community health centers in my State are at risk of having to turn off the lights and turn away patients. Already, the expiration of the Community Health Center Fund has threatened these centers' ability to retain and hire nurses and doctors and make financial arrangements for the coming year.

The Community Health Center Fund was enacted in 2010 so that millions of newly covered Americans would have a medical home. The fund is doing just that. Moreover, the Community Health Center Fund was extended with strong bipartisan support in 2015, when an overwhelming majority of the House and Senate, myself included, supported its extension as part of the Medicare and CHIP Reauthorization Act, MACRA. It is past time for Congress to extend this program without delay.

In addition, Federal funds have been allowed to expire for a number of addi-

tional but equally important health programs. All enjoy a history of strong bipartisan support. These programs include the Maternal, Infant, and Early Childhood Home Visiting Program, the Special Diabetes Program, the Teaching Health Center Program, and certain Medicare provisions.

The Maternal, Infant, and Early Childhood Home Visiting—MIECHV— Program is an evidence-based grant that is helping States and Tribes improve early childhood and maternal health. MIECHV-funded home visiting programs, which are voluntary, have benefited 1,650 Washington families in 15 counties and have reduced in half the likelihood of child abuse and neglect. MIECHV is a prime example of evidence-driven policymaking that is improving the health and well-being of vulnerable mothers and children. It is also strongly bipartisan. Unfortunately, MIECHV's Federal funding expired on October 1, 2017.

The Special Diabetes Program and the Special Diabetes Program for Indians are modest investments with a proven track record of combatting diabetes. As a senior member of the Senate Diabetes Caucus, I recognize that diabetes is a leading cause of death and a major driver of healthcare costs. In particular, the Special Diabetes Program for Indians supports 27 community-driven grant programs in Washington's Tribal communities, helping Tribal members prevent, diagnose, and manage this condition through lifestyle changes, counseling, and treatment.

The Teaching Health Center Program is also a small investment with a big return. Teaching Health Center funds are currently being used to train 722 primary care medical residents in 27 States and the District of Columbia. Data show that many physicians eventually practice close to where they train, and the Teaching Health Center Program is training physicians where they are needed most. In Spokane, Toppenish, Tacoma, Yakima, and Auburn, Teaching Health Centers are training a new generation of safety-net physicians to serve those most in need. While the Teaching Health Center Program has received a short-term extension, its funding will expire on January 1, 2018, if Congress does not act.

Lastly, several temporary Medicare provisions have expired and must be renewed. These provisions help rural Medicare patients get hospital, ambulance, and home health services where they live. Additional Medicare "extenders" prevent essential services like physical therapy from being arbitrarily capped for Medicare patients. Extending these provisions is important to preserving healthcare access in rural Washington State and empowering our healthcare delivery system to continue to improve and innovate.

The programs I have highlighted and many more are vital to my constituents, my State's economy, and our healthcare delivery system. They are

also strongly bipartisan. I call on my Republican colleagues to work with us in a good-faith negotiation to extend these programs immediately.

TRIBUTE TO R. ANDREW MURRAY

Mr. TILLIS. Madam President, I congratulate Andrew Murray on his investiture as the U.S. Attorney for the Western District of North Carolina.

Andrew graduated magna cum laude from the University of North Carolina at Charlotte with a bachelor of science in political science and received his juris doctor from the University of North Carolina School of Law.

Throughout his career, Andrew has dedicated himself to public service and leadership. Andrew enlisted in the U.S. Coast Guard in 1980 and retired in 2015, serving his country faithfully for 35 years. During his service, he earned a number of decorations, including the Coast Guard Meritorious Service Medal, three Coast Guard Commendation Medals, the Coast Guard Achievement Medal, and the Coast Guard 9/11 Service Medal.

Andrew began his legal career at the Mecklenburg County District Attorney's Office as an assistant district attorney. Later, he worked in private practice before being elected to serve as the district attorney of Mecklenburg County, North Carolina's largest prosecutorial district. During his tenure as district attorney, he led the office with the utmost distinction and is highly respected for his leadership.

I am proud that Andrew is willing to continue serving western North Carolina in a new role as U.S. Attorney. Western North Carolina is lucky to have such an experienced prosecutor and effective leader to command this important office. He is a dedicated public servant whose extensive prosecutorial experience and relationships with law enforcement will bolster the mission of the Department of Justice and promote public safety.

Senator BURR and I proudly recommended Andrew to President Trump, and I know that he will lead the U.S. Attorney's Office with honor.

TRIBUTE TO STEVE JOHNSON

Mr. SHELBY. Madam President, today I wish to pay tribute to Steve Johnson who is retiring on December 22, 2017, from his position as the manager of the U.S. Senate Dining Room.

Mr. Johnson is a well-respected member of the Senate family. For over two decades, Mr. Johnson has managed the Senate Dining Room with care, enthusiasm, poise, and the utmost hospitality. He understands the rich history and importance of this institution and has witnessed much of its tradition over the years, serving Supreme Court Justices, Vice Presidents, and many of my Senate colleagues.

Starting in 1995, Mr. Johnson's leadership has kept the Senate Dining Room running smoothly and efficiently. Whether it is tallying receipts